| BILL BRADY FOR STATE SENAT  | E STAT  | CE SENATE                                       | NINE                     |
|---|---|---|--------------------------|
| Name (print)  | Office  | (if applicable)                                 | District (if applicable) |
| 8825 ZURICH CT, LAS VEGAS, N  | IV 89147-   |   | 702-876-3990             |
| Mailing address (include city & zip o   | ode)  |   | Telephone Number         |
| E-Mail Address  |   |   | 1 CAN 282                |
| elect Appropriate Box(es)X CANDID   | ATE PACE BA   | G. POLPRTY                                      | IND EXP MAMEND           |
| X Report #1 - Due Augu<br>Office with a 2-year term<br>Office with a 4-year term<br>Office with a 6-year term<br>BAGs only: F | ust 27, 2002<br>Period: Jan. 5, 2001<br>Period: Dec. 20, 1998<br>Period: Dec. 6, 1996 | Aug. 22, 2002<br>Aug. 22, 2002<br>Aug. 22, 2002 |                          |
| Report #2 Due - Octo<br>Period: Aug. 23, 2002   |   | -   | → 5-2<br>計名              |
| Report #3 Due - Janu Period: Oct. 25, 2002 BAGs only: F   | <b>ary 15, 2003</b><br>Jan. 3, 2003<br>Period: Oct. 25, 2002                          | Dec. 5, 2002                                    | FOR OFFICE USE ONLY      |
| This figure should reflect the b<br>Unspent Contributions Report,   |   | t Disposition of<br>xpenses Report, if any      | 0                        |
| "Contribution" means a gift loa   | CONTRIBUTIONS an conveyance deposit   |   | stribution               |
| "Contribution" means a gift, loa<br>of money or anything of value   |   |   | •                        |
| Total Amount of monetary contril     Total Amount of monetary contril   |   |   | \$353,150.00             |
| Total amount of monetary contributions of \$100 or less   |   | \$410.00  |                          |
| Actual number of montary contributions of \$100 or less   |   | 5   |                          |
| Interest and income earned on contributions, if any   |   |   | \$419.87                 |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)   |   |   | \$353,979.87             |
| 5. Total amount of In Kind contributi   | ons   | -   | \$1,200.00               |
| C T-4 + 4   | EXPENSES SU   | MMARY   |                          |
| 6. Total Amount of monetary expenses in excess of \$100   |   |   | \$352,447.17             |
| <ol> <li>Total amount of monetary expen</li> <li>Expense for filling fee</li> </ol>   | ses of \$100 or less  | -   | \$603.46                 |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)  |   |   | \$353,050.63             |
| Rema  | aining Balance (Subtra  | act line 9 from 4)                              | \$929.24                 |
| 10. Total amount of In Kind Expense   | es  | _   | \$1,200.00               |
| I declare under penalty of perjury th   | AFFIRMATION at the foregoing is true ar   | d correct.                                      | 8/27/02                  |
| Signature   |   |   | Date Executed On         |
| EL201.doc   | Revised: MAR-02   | PAGE  | / · ·                    |